



## Allergy and Environmental Health Association

(Ottawa Branch)

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Supported by:

The Trillium Foundation

Mr. John Krauser  
Ontario Medical Association,  
300-525 University Ave.,  
Toronto, Ontario.  
M5G 2K7

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Patrons:

The Hon. Pauline  
McGibbon  
former Lieutenant  
Governor of Ontario

Dr. William Rae  
First World Chair  
Environmental Medicine  
University of Surrey

Dear Mr. Krauser,

Thanks for forwarding the proposed article.  
Unfortunately the author wanders around in the trees  
without ever getting out of the forest.

You refer to "the politics" and "certain political  
realities" in discussing this concern. I suggest the  
OMA's continued dallying with indefensible politically  
motivated actions and positions will not serve the  
organization well in the long term. Sometimes it is  
better to bite the bullet, as eventually the OMA and  
the CMA will have to do.

Believe it.

Although the choice of which facts to include is  
subjective, there are some facts in connection with  
environmental sensitivities which the author of any  
article purporting to clear up confusion should be  
aware of. If these facts are not included, at least  
the author should try not to flagrantly contradict  
them, for they are facts, and the truth about what has  
happened to this group is slowly coming out.

### Understanding sensitivities - suggested premises

1) As any doctor worth his salt knows,  
idiosyncratic sensitivities to foods and chemicals can  
be caused by a variety of illnesses. Whether  
"environmental hypersensitivity" exists as a single  
disease entity involving a dysfunctional and  
hyperactive immune system is not the issue.

Persons with sensitivities are not interested in "advocating a diagnosis". We go to the doctor and relate our experience. Our experience is not to be brought into question on the basis of ignorance. Anybody's ignorance. Including even the most arrogant of the arrogant amongst doctors.

2) Environmental sensitivities have always been with us. We have a grandmother in our Ottawa Branch who had them all her life. So did her grandmother. They exist in mammals other than man, and the suggestion is that their existence pre-dates the existence of homo sapiens. The self-serving interpretation medical groups put forward, that this is a new illness, is simply not true, and it is known not to be true by the OMA and the CMA.

In any event, the mythical newness of sensitivities does not account for the unethical contradiction of people's experience, nor the ruination of their professional, financial, and personal credibility by doctors who do not respect the values of tradition medicine we embrace, such as research, science, respect for the client, and, above all, simple intelligence.

3) There is a wealth of medical literature on the subject of sensitivities, some of it pre-dating the work of Charles Beard in 1880. There is not, as some medical apologists would have people believe, a shortage of literature or science on this subject.

Within an hour of being diagnosed in 1979 I was reading about it in a medical text published in 1951. There are literally dozens of articles in several mainstream publications. You might refer to a bibliography published by Health and Welfare in 1987 in a report called "Healthy Environments for Canadians"; it lists articles back to 1908.

4) Doctors unfamiliar with the above points have made damaging and unethical statements, and have managed cases in such a way as to cause increased disability, personal injury, financial damages and personal tragedies resulting in suicides.

5) The OMA and the CMA have been informed of all the arguments involved in the discussion as early as 1981, and have not helped prevent their members from abusing our members, despite hundreds of appeals for help, dozens of cases of doctor-induced disability, several suicides, two provincial reports, and

statements by human rights commissioners, government, and so on.

6) These are facts. There is no escaping what has happened. It has happened. Some people are more disabled, others are dead as a result. Some unethical, belligerent, and, frankly, not very bright doctors have this on their conscience (for whatever that's worth).

7) Leadership in the medical community continues to pretend that this is not happening, that it is justifiable, etc etc, subjecting more of our members to abuse in an apparent effort to deny what doctors are doing.

The situation facing the medial leaders on this issue is reminiscent of the Catholic Church and the Christian Brothers in Newfoundland.

The difference is that this time there is a clear record of who knew about what was being done, when they knew, and what they did or didn't do to stop it.

Sincerely,

Chris Brown  
Ottawa Branch President  
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